

# American Optometric Association NEWS



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No. 9

## Veteran war journalist Woodruff to keynote Optometry's Meeting®

Bob Woodruff, the former co-anchor of ABC's "World News Tonight," will be the keynote speaker at the Opening General Session for the 2009 Optometry's Meeting®.

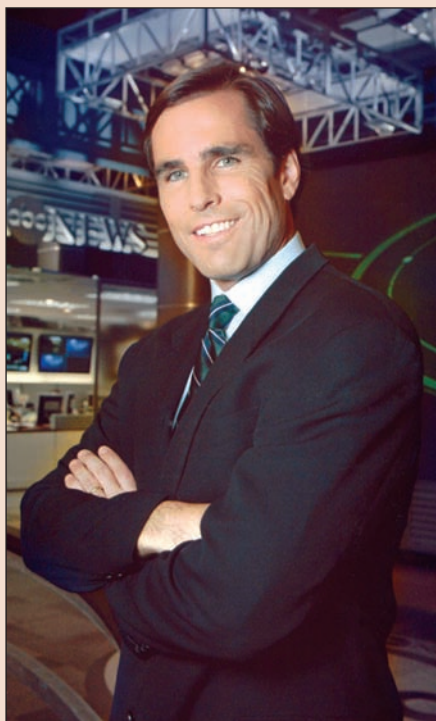
Sponsored by Essilor, the Opening General Session will be Thursday, June 25 from 8 a.m. to 9:30 a.m.

Woodruff himself was in the media spotlight when he was seriously injured by a roadside bomb while reporting on U.S. and Iraqi security forces in Taji, Iraq, in 2006.

Woodruff continues outpatient rehabilitation in the New York area and has

since returned to work at ABC News covering major stories throughout the country and around the world.

In February 2007, Woodruff and his wife, Lee, published a personal memoir, "In an Instant: A Family's Journey of Love, Courage, and Healing," about his recovery and the medical and family support that helped him heal.



**Bob Woodruff**

*See Journalist, page 15*

## 4,200 ODs qualified for Medicare PQRI bonuses

Optometrists are participating in the Medicare Physician Quality Reporting Initiative (PQRI) in greater numbers than most other health care practitioners, according to data obtained and analyzed last month by the AOA Washington office.

Some 4,285 optometrists submitted at least one PQRI quality measure code to Medicare during 2007. The U.S. Centers for Medicare & Medicaid Services (CMS) began posting PQRI data to its Web site last month.

Under the PQRI, Medicare offers bonuses, based on a percentage of the health care provider's total annual allowed Medicare billing, to health care providers who report designated measures to improve the quality of patient care.

To qualify for the incentive payments, providers must report at least three designated quality measures on at least 80 percent of certain Medicare claims.

The program was launched during the second

half of 2007 with bonuses set at 1.5 percent of the participating health care practitioner's total Medicare reimbursement for the year.

Health care practitioners who participated in the PQRI during the 2007 reporting

H. Kehoe, O.D., observed.

"Based on the preliminary data posted by the CMS last month, it would be reasonable to conclude that a number of optometrists have been receiving PQRI bonus checks."

*"The Medicare PQRI program provides an important opportunity to objectively demonstrate what the AOA has been telling health care decision-makers for decades: optometrists provide their patients very high-quality care."*

period received their bonus payments in August 2008.

According to the CMS, 52 percent of physicians who tried to report a PQRI measure were able to report enough measures to qualify for a bonus payment during 2007.

"Optometry has clearly become a leader in the PQRI," AOA President Peter

Dr. Kehoe credited a concerted effort by the AOA Advocacy Group to ensure AOA member optometrists are aware of the PQRI program and understand how to report quality measures under the initiative.

He also cited the quality of care optometrists across

*See Bonuses, page 8*



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**President's Column**  
Resolutions and wishes  
for 2009



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**Eye on Washington**  
PSOs begin taking adverse  
event reports



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www.shamirlens.com

**Shamir Executive Team**

**Raanan Naftalovich**  
CHIEF EXECUTIVE OFFICER  
RAANAN@SHAMIRLENS.COM  
877.514.8330 EXT. 105

**Hilaire van der Veen**  
DIRECTOR  
HILAIRE2@SHAMIRLENS.COM  
877.514.8330 EXT. 106

**Richard Dailey**  
CHIEF FINANCIAL OFFICER  
RDAILEY@SHAMIRLENS.COM  
877.514.8330 EXT. 142

**Joyce Hornaday**  
VICE PRESIDENT OF HUMAN RESOURCES  
JHORNADAY@SHAMIRLENS.COM  
877.514.8330 EXT. 110

**Lance Bergeron**  
VICE PRESIDENT OF SALES  
LBERGERON@SHAMIRLENS.COM  
877.514.8330 EXT. 169

**Matt Lytle**  
VICE PRESIDENT OF MARKETING  
MLYTL@SHAMIRLENS.COM  
877.514.8330 EXT. 154

**Department Contacts**

**Todd Hasselius**  
DIRECTOR OF EDUCATION  
TODD@SHAMIRLENS.COM  
877.514.8330 EXT. 140

**Angela Jantzen**  
SALES & CLIENT SERVICES MANAGER  
AJANTZEN@SHAMIRLENS.COM  
877.514.8330 EXT. 114

**Pedro Rivas**  
WAREHOUSE MANAGER  
PRIVAS@SHAMIRLENS.COM  
877.514.8330 EXT. 124

**Erin Quenga**  
IS MANAGER  
ERIN@SHAMIRLENS.COM  
877.514.8330 EXT. 101

**Jerry Thornhill**  
TECHNICAL MANAGER  
JTHORNHILL@SHAMIRLENS.COM  
877.514.8330 EXT. 108

**Mendel Lisbon**  
IT MANAGER  
MLISBON@SHAMIRLENS.COM  
877.514.8330 EXT. 127

## ReCreating Perfect Vision®

It may come as a shock to see my picture here where the President's Column usually resides each issue. Don't be fooled, I have not staged a coup of the leadership of the AOA! I have been generously given the opportunity to introduce myself and Shamir, the company I represent, as the newest member of the AOA Ophthalmic Council and a proud, contributing member of the optical industry. In the coming months, you will be exposed to the many facets of Shamir through our partnership with the AOA. We believe that it has never been more important for OD's to understand the technological advancements that have taken place with progressive lens technology; specifically Shamir technology. This understanding ultimately translates into a better overall patient experience. So, while I have this platform, I'd like to briefly share some of our story with you.

It has always been our objective and priority to provide our customers with three key elements: cutting-edge progressive lens technology at any given time, superior customer care, and the best educational programs available for the optical market. Since our founding in Israel in the 1970's, Shamir has introduced a wealth of progressive addition lenses integrated with advanced technological design elements. All of our lens designs start with

our patented EyePoint Technology®, a software program that simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis™, which topped independent analyst studies, to one of our latest designs, Shamir Creation®, which recently won the OLA's Award of Excellence for Best Lens Design, EyePoint Technology® is "the design inside" each one of our lenses and what we believe puts Shamir lenses in a class all their own.

in technologies. As-Worn Technology™ fine-tunes a patient's Rx by calculating three distinct measurements into the design (vertex distance, pantoscopic tilt and panoramic angle). FreeFrame Technology™ provides an even better visual experience by taking the patient's frame choice into account to adjust the design of the lens to match the frame fitting and height. Both As-Worn Technology™ and Freeframe Technology™ are advancements that only a true R&D company like Shamir can make, which we believe takes Freeform® lenses to the next level.

*"...it has never been more important for OD's to understand the technological advancements that have taken place with progressive lens technology; specifically Shamir technology. This understanding ultimately translates into a better overall patient experience."*

Most recently, however, the talk of the industry has been Shamir's ultimate design: our Freeform® lens known as Shamir Autograph®. Branded as "Your Personal Lifestyle Lens™", this family of individually back-surface-designed lenses includes the patient's personal attributes in each lens, truly providing the most customized PAL on the market today. Last year we introduced Shamir Autograph II®, with two exciting new built-

When it comes to the field, we're also making large advancements. We hire account executives who have strong optical backgrounds and put them through extensive training in both EyePoint Technology® and Shamir's Core Values (SCV). With the help of our 300 partnering labs we work together to raise industry awareness of progressive, occupational and specialized lenses. We are proud of our



**Raanan Naftalovich**

industry-leading Freeform® Certification Program which educates eye care professionals like you with the technology used in the creation of our patient-specific line of premium progressive lenses. To date, we have certified over 4,000 participants in close to 1,000 practices. The industry is obviously eager to learn more about how their patients will benefit from Freeform® and we are more than willing to assist.

In short, we strive everyday to live up to our motto of ReCreating Perfect Vision®. It's a vision we share with you. The optical industry is constantly changing and we would like nothing more than to assist you and your practice in understanding how to stay on top with technology. I look forward to the chance to do just that in the months and years to come.

Raanan Naftalovich, CEO  
Shamir Insight, Inc.

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Shamir Insight, Inc., is a fully owned subsidiary of Shamir Optical Industry, Ltd., an Israel-based, public company (NASDAQ: SHMR), which is engaged in the development, design and manufacture of premium progressive lenses and molds for the ophthalmic industry. Serving as the Sales & Marketing center for the USA, Canada, Central/South America and Mexico, Shamir Insight specializes in the marketing of premium progressive lenses under product brand names such as Shamir Autograph®, Shamir Creation®, Shamir Piccolo®, Shamir Attitude®, Shamir Genesis™ and Shamir Office™, the industry's leading occupational lens. Exclusively designed with proprietary, patented EyePoint Technology®, a groundbreaking software program that utilizes ray-tracing to compute optical properties and simulate human vision, this extensive product line is distributed through a network of over 300 Shamir ReCreating Perfect Vision® partnering optical laboratories. Shamir Insight employs a large national sales force of Account Executives, many of whom are ABO-accredited educators who speak on a variety of optical topics to Eye Care Professionals. Shamir Insight is a member of Vision Council of America (VCA) and the Optical Laboratories Association (OLA) and supports VCA's Check Yearly See Clearly® program. The company was established in 1997 and is headquartered in San Diego, CA.





American Optometric  
Association

243 N. Lindbergh Blvd.  
St. Louis MO 63141  
(800) 365-2219  
[www.aoa.org](http://www.aoa.org)

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## AOA News Staff [www.aoanews.org](http://www.aoanews.org)

Bob Foster, ELS  
ASSOCIATE DIRECTOR,  
EDITORIAL SERVICES  
[RAFOSTER@AOA.ORG](mailto:RAFOSTER@AOA.ORG)

Bob Pieper  
SENIOR EDITOR  
[RFPIEPER@AOA.ORG](mailto:RFPIEPER@AOA.ORG)

Tracy Overton  
SENIOR EDITOR  
[TLOVERTON@AOA.ORG](mailto:TLOVERTON@AOA.ORG)

Stephen M. Wasserman  
DIRECTOR, COMMUNICATIONS AND MEMBERSHIP  
[SMWASSERMAN@AOA.ORG](mailto:SMWASSERMAN@AOA.ORG)

## Advertising

Display Advertising  
Aileen Rivera  
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360 Park Avenue South  
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## PRESIDENT'S COLUMN

# 2009 resolutions and wishes

**M**y wife Melissa is a very wise woman. This year, rather than asking our family to make resolutions that are unlikely to be kept for the New Year, she gave us all “magic” wishbones and asked each of us to make a wish as the ball dropped.

Since this is my first column of 2009, I thought I’d share my “wishes” for the AOA and most important...our profession!

❖ **MEMBERSHIP** – Clearly members are the lifeblood of the AOA and our state affiliates. We need EVERY optometrist in

America to be a dues-paying member. Unfortunately, only about 63 percent of us pay our dues while the other 37 percent get many of the benefits we all enjoy through state legislative victories and our Washington, D.C., success.

My wish is that every “dues-paying member” would contact a “non-dues-paying member” and encourage them to start investing in their profession like you and I do. Increased membership will reduce the need for future dues increases and allow our state associations and your AOA to achieve more for our patients and our profession.

❖ **STAFF** – This is an easy one — I wish that every OD would encourage and support their entire staff to become Certified Paraoptometric professionals at the highest level and be involved in their state and AOA paraoptometric sections. Our patient care will improve, our practices will be

more successful, and our staff will consider themselves in a career rather than a job.

❖ **INFANTSEE®** – There is no other program in America that can potentially eliminate a disease (amblyopia) and create a paradigm shift toward a lifetime of healthy vision. My wish is that EVERY optometrist and staff in America would become ambassadors, advocates and participants in the InfantSEE® program. Let’s not allow the program that saves sight and saves lives continue to be the best kept secret in America.

❖ **DISPENSING** – I just introduced the concept of doctor-driven-dispensing in my last column. So my wish is that all ODs will take the time to learn about all the new technologies in spectacle lenses. And, in the exam room, every OD during their case presentation will explain how the new technologies can improve their vision and their lives. Patients will win, and our practices will be more successful.

❖ **OPTOCRATS** – I wish that every member of the optometric profession would fully engage as an Optocrat. This requires all optometrists to support all elected officials (regardless of whether they are a D or R) who are willing to support full-scope optometric care and support full access to optometry in the health care system. Patients will get to benefit from the great care provided by optometry, and we’ll get to provide the care we are trained to render!

❖ **BOARD CERTIFICATION** – I wish that all optometrists will reserve judgment on optometric board certification until they have a chance to see how the changing health care environment requires us to seriously consider this for our profession at this time. And I wish that they will review the information presented with an open mind rather than with a pre-conceived opinion.

❖ **OPTOMETRIC REFERRALS** – I wish that all optometrists would practice to the highest level with which they are comfortable and within their state scope of practice. And when their practice setting or comfort levels are at their limit, they would turn to their optometric colleagues as a referral source whenever appropriate.

Patients will benefit from great optometric care, and our profession will gain by having more patients understand the level of care rendered by a 2009 optometrist.

❖ **MANAGED VISION CARE** – I wish that every optometrist would take the time to review their practice finances. They will gain the knowledge to be able to quickly tell any managed vision (or health) plan exactly what it costs to provide a comprehensive eye exam and dispense contact lenses or spectacles and expect a reasonable profit above those costs.

With that knowledge, many doctors will have the power, knowledge and courage to realize that work-



Dr. Kehoe

ing smarter is better than working harder, and that might mean dropping plans that are not truly profitable to the practice.

The airline industry finally figured out that selling seats for less than cost isn’t worth it, especially when more and more of the seats are significantly discounted. Let’s learn from the airlines and stop accepting plans that don’t adequately compensate us for the expertise and great care that we provide.

And finally, I wish good health, happiness and prosperity to you and yours throughout 2009.

God Bless,

PS: Don’t forget to visit [www.PetesAOABlog.com](http://www.PetesAOABlog.com) to comment on this or any other topic of your choice.

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# Organizations draft model for board certification

With 12 meetings behind them, representatives of six optometric organizations are drafting a model framework for a board certification process for optometry.

The framework will be presented to the profession, starting with the leaders of the American Academy of Optometry (AAO), the AOA, the American Optometric Student Association (AOSA), the Association of Regulatory Boards in Optometry (ARBO), the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBEO), beginning this month.

At the heart of the process would be a patient assessment and management examination that tests knowledge in core categories.

Chris Wolfe, O.D., AOSA representative to the project team and private practitioner, advises that students

and new practitioners want a process that facilitates their ambitions of lifelong learning, and the proposed process achieves this desire.

The Joint Board Certification Project Team has said on many occasions that the lack of board certi-

the members of the Joint Board Certification Project Team agreed to the following task: "Develop and propose an attainable, credible and defensible model for Board Certification in Optometry and maintenance of certification for adoption by the pro-

health care system has seen movement on many fronts that would seem to suggest some type of board certification.

"Health care delivery in the U.S. is evolving," said Arol Augsburger, O.D., ASCO representative to the

(P4P) may require board certification.

Meanwhile, independent Web sites, such as [www.healthgrades.com](http://www.healthgrades.com), are already using board certification as a means to pre-qualify a patient's search for a physician.

"These sites are expected to proliferate and be provided at no cost to consumers," Dr. Augsburger said. "The first problem: Optometry is often excluded. The second problem: The two 'quality preferences' that consumers can typically select are 'Free of professional misconduct' and 'Board certification.'"

"Throughout the health care landscape, there is broad interest in assurance that a doctor maintains the appropriate knowledge, skills and experience needed to deliver quality patient care," Randy Brooks, O.D., AOA representative and chair of the Project

see *Certification*, page 6

*"Throughout the health care landscape, there is broad interest in assurance that a doctor maintains the appropriate knowledge, skills and experience needed to deliver quality patient care."*

cation for optometrists may hinder optometrists' ability to be accepted in managed health care plans and puts optometrists at a disadvantage when applying for panels or being listed on health care "score cards," according to Mary Jo Stiegemeier, O.D., AAO representative to the project team.

More than a year ago,

profession. This model will establish standards for voluntary board certification and maintenance of certification in the practice of optometry. This model will communicate information about these standards to support the public's quest for high-quality health care."

In the year since that definition was drafted, the U.S.

project team and president of the Illinois College of Optometry. "Governmental programs currently in place to evaluate quality of care are making reference to board certification/continued competence."

He noted that programs such as the Physician Quality Reporting Initiative (PQRI) and Pay for Performance

## Project team addresses misconceptions

**Myth:** My AOA dues will go up to pay for this new organization

**Fact:** The Joint Board Certification Project Team expects any new organization to be self-sufficient, and your AOA dues will not increase to support this endeavor.

**Myth:** The AOA is driving the process, and the AOA Board of Trustees has already decided that we are having board certification regardless of what AOA members or other organizations think.

**Fact:** This is a profession-wide effort with input and direction from many organizations. No one has decided on anything except that the profession needs a model to discuss and consider.

**Myth:** The AOA will dominate whatever organization is formed, will control the entire process and make a ton of money.

**Fact:** Although the AOA likely will have representation on any certifying board, the AOA will not be the certifying entity and will neither control the process nor profit from application fees.

**Myth:** The process will be so difficult that only sub-specialty trained ODs and academics and residency-trained ODs will be able to qualify.

**Fact:** The Joint Board Certification Project Team is considering a process for general optometry at this time. The process will be attainable for the optometrist in general practice and will not involve sub-specialty certification.

**Myth:** We could solve this problem with a really easy process that really doesn't require any study or testing.

**Fact:** A process that is not credible will not have acceptance by third-party payers, state and federal governments or the public.

**Myth:** We are already board-certified because we passed the National Boards.

**Fact:** The National Board of Examiners in Optometry tests entry-level competence, not competence associated with board certification.

**Myth:** My state association and local optometric society will lose their ability to provide continuing education programs for their members.

**Fact:** The Joint Board Certification Project Team is acutely aware of the large number of quality CE programs provided at regional, state and local levels. Any board certification proposal will include a means to continue to allow those CE programs.

**Myth:** If I become board certified, my scope of practice will be higher, right?

**Fact:** No, board certification does not have any effect on your scope of practice, which is governed by your state laws.

**Myth:** If we don't open this "can of worms" it will probably just go away and we will never have to worry about it.

**Fact:** Recent events show that health care is evolving and the demonstration of continued competence through board certification is not likely to disappear and will probably become more important.

**Myth:** Once we are board certified, we are "home free" and we won't have to worry about it ever again.

**Fact:** The Joint Board Certification Project Team will be making recommendations regarding *maintenance* of certification that will require ongoing education, self-assessment, testing and other activities for practitioners who have become board certified in order to maintain their board certification.



## OD nominated for key spot on HRSA primary care committee

Respected professor of optometry and longtime AOA member and volunteer Roger Wilson, O.D., has been nominated to serve on the Health Resources and Services Administration (HRSA) Advisory Committee on Training in Primary Medicine and Dentistry.

The influential committee provides HRSA — the lead federal agency working to improve access to health care services for people who are uninsured, isolated or medically vulnerable — with advice and recommendations on a broad range of issues dealing with programs and activities authorized under the Public Health Service Act, including programs directly impacting the public's access to eye and vision care.



**Wilson**

In addition to policy and program development recommendations, the Advisory Committee regularly researches, prepares and submits important reports to the powerful U.S. Senate Committee on Health, Education, Labor and Pensions and the influential U.S. House Committee on Energy and Commerce, which have broad jurisdictions over many aspects of America's health care delivery system.

An expert in optometric education and training, Dr. Wilson has served on the AOA Commission on Quality Assessment and Improvement, as the chair of the Section on Optometric Education on the American Academy of Optometry, as a consultant for the Council on Optometric Education and as director of the clinical education and director of external clinical programs at the New England College of Optometry.

Dr. Wilson also has significant public health experience, having chaired the AOA Community Health Centers Committee since 2005 as well as the AOA Healthy Eyes Healthy People® Committee in 2005-06.

"Doctors of optometry are an integral member of the primary care team and play a significant role in the health and well-being of the American public," said Michele Haranin, O.D., chair of the AOA Federal Relations Committee. "With a new president and Congress ready to begin work on national health reform, the appointment of Dr. Wilson to this key HRSA committee would shed greater light on the important role played by ODs and other non MD/DO providers that comprise a major part of our health care delivery system."

While an OD has yet to serve on this key advisory committee, the AOA is urging HRSA to fully recognize the important role played by ODs and other non-MD providers by using its discretion and abiding by a requirement that the committee strike a "fair balance between the health professions, that at least 75 percent of members of the advisory committee are health professionals, a broad geographic representation of members and a balance between urban and rural members."

## Certification

from page 5

Team, said. "The general practice of optometry is the only prescribing doctoral-level health care profession that does not have a board certification process available as a measure of continued (beyond entry level) clinical competence."

"We cannot demonstrate 'continued competence' (beyond entry level) in the same manner as the other health care professions without a board certification process," said Christina Sorenson, O.D., representing ARBO. "Board certification is not linked to re-licensure in any profession. Linking board certification to re-licensure is NOT under consideration by the Joint Board Certification Project Team."

The AOA State Government Relations Center has found a number of cases where state lawmakers are being urged to require some form of board certification:

❖ In 2006, as a result of proposed legislation, the gov-

ernor of Washington created a work group that is looking at requiring continuing competence for MDs.

❖ In 2007, in Virginia, the AARP introduced national model legislation to consider continued competence as a prerequisite for re-licensure.

❖ In 2008, discussions were held in the Oklahoma legislature that would require board certification of pediatricians. No action was taken.

At the federal level, "board certification/continued competence will be one way that may be used to evaluate quality of care," noted Tom Valuck, who spoke on behalf of the Centers for Medicare & Medicaid Services at the AOA Advocacy Conference in April 2008.

"If asked, can we demonstrate continued competence leading to improved quality of care to the public, government and third-party payers in order to participate?" asked Donovan Crouch, O.D., representing

NBEO. "Allopathic medicine, osteopathic medicine, podiatric medicine, and veterinary medicine can. They all have board certification routes for continued competence."

*Editor's note: The Joint Board Certification Project Team will present the draft model to the profession, starting with state association leadership at the Presidents' Council on Jan. 23, 2009, in St. Louis. The affiliate executive directors, presidents and presidents-elect will be briefing their members on the draft process shortly thereafter. Members will receive details and continuous updates in upcoming issues of the AOA News. The proposal will be discussed by the AOA House of Delegates at Optometry's Meeting® in Washington, D.C., June 24-28, 2009. Should optometry organizations ratify the process, a new certifying board would be appointed that would operate independently from the other organizations.*



**An aerial view of the Georgetown waterfront shows the diverse collection of shops and restaurants throughout this charming spot within D.C. Optometry's Meeting® attendees can also take in the national monuments by water taxi on a short ride from National Harbor to Georgetown. Photo by Jason Hawkes**





## SPOTLIGHT ON AOA MEMBERS

### Houston optometrists make practice a family affair



**Westheimer Vision Associates celebrates on Dr. Albert Romano and Dr. Gerald Romano Day. From left, Mallory Thornton, O.D., Gerald Romano, O.D., Albert Romano, O.D., and Christopher Simank, O.D.**

In recognition of a lifetime of service to the community, Houston Mayor Bill White proclaimed Nov. 19, 2008, as Dr. Albert Romano and Dr. Gerald Romano Day.

Albert Romano, O.D.,

and Gerald Romano, O.D., of Westheimer Vision Associates, have been practicing optometry for more than 50 years.

In an era marked by quick in-and-out medical care, the Romanos built a

practice and reputation as doctors who care for their patients' well-being above all else.

The brothers followed in the footsteps of their father, Anthony Romano, Sr., who opened Texas Optical downtown in the 1940s.

Drs. Albert and Gerald Romano started their optometric practice in 1958 with the help of their late brother, Anthony (Buck) Romano, serving four generations of loyal patients.

Both Drs. Albert and Gerald Romano graduated from the University of Houston College of Optometry in 1958.

Dr. Albert Romano is four years older than Dr. Gerald Romano, but his service in the Air Force delayed his graduation from school.

"Over the years I've built a loyal family of patients and friends to whom I've become very close," said Dr. Gerald Romano. "I always want to do the best for them. The technology has changed so much over the years. It's like 'Star Trek' now compared to 1958."

The brothers have been leaders in professional opto-

metric organizations and honor societies.

Dr. Albert Romano trained several generations of doctors as a lecturer at the University of Houston College of Optometry for 20 years and pioneered clinical investigations for several large contact lens manufacturers.

"It has been fulfilling to see patients for over 50 years as well as seeing their children, grandchildren and great-grandchildren," said Dr. Albert Romano. "It's also been exciting to see the laws for optometry change over the years increasing the scope of practice so optometrists are now allowed to do what they're trained to do."

Dr. Gerald Romano travels to Guatemala every year as part of the Sending Our Servants program, which pro-

vides visual, medical and surgical assistance to those who are less fortunate.

As part of their commitment to help Houston's children see clearly, the doctors provided free exams for charitable organizations such as Eye Care for Kids.

Under their direction, the office also participates in the AOA's InfantSEE® program, providing free eye assessments for infants between 6 and 12 months of age.

"I've had the pleasure of working with the Romanos for the past 20 years as their business manager," said Amy Backlas. "They are superb doctors with kind and gentle hearts who care deeply for patients as well as their staff."

The Romano brothers have no plans for retirement, though they have cut back to three days a week.

**The Romano brothers followed in the steps of their father, Anthony Romano, Sr., seen at right in a 1930 photograph. Below, both Dr. Albert Romano (back row, third from left) and Dr. Gerald Romano (front row, far right) graduated in the 1958 class of the University of Houston School of Optometry.**



**Brothers Albert Romano, O.D., and Gerald Romano, O.D., of Westheimer Vision Associates, have been practicing optometry together for more than 50 years.**

#### Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to [RAFoster@aoa.org](mailto:RAFoster@aoa.org).





## Bonuses, from page 1

the nation are providing patients.

"The Medicare PQRI program provides an important opportunity to objectively demonstrate what the AOA has been telling health care decision-makers for decades: optometrists provide their patients very high-quality care," Dr. Kehoe said. "The AOA Optometric Clinical Practice Guidelines, developed by the AOA Clinical Care Group to provide evidence-based standards of care for eye conditions, have been widely used by optometrists for years. AOA surveys have repeatedly found that optometrists are extremely active in providing quality for patients with diabetes, glaucoma and other conditions addressed under the PQRI program. As a result, optometrists now find it easy to report that they are providing the quality care measures

encouraged by Medicare under the PQRI."

In all, 109,000 Medicare physician providers attempted to submit at least one PQRI quality reporting code to Medicare during 2007.

However, eye care professionals were easily among the most active participants.

In addition to more than 4,000 optometrists, 4,867 ophthalmologists also reported at least one measure.

Optometry accounted for more PQRI participation than at least 49 of the 55 health care professions tracked in the CMS data.

Among health care practitioners defined by Medicare as "physicians," only practitioners of internal medicine (21,863), emergency medicine (18,603), radiology (12,042), anesthesiology (10,160), and family medicine (9,507) were more active than optometrists in the PQRI

during the program's initial year.

Nurse anesthetists led non-physician providers in PQRI participation with 5,492 reporting at least one quality measure during 2007.

The AOA Washington office encourages members to participate in the PQRI.

In 2009, physicians can earn a 2.0 percent bonus on all of their Medicare reimbursement by successfully reporting at least three PQRI measures.

A recent AOA PQRI Webinar for optometric coding and billing experts across the nation was recorded and will be made available on the AOA Web site for all association members early this year.

In addition, the AOA is updating all of the materials on the AOA Web site PQRI page ([www.aoa.org/x7990.xml](http://www.aoa.org/x7990.xml)).

## Medicare Web site lists PQRI practitioners

The U.S. Centers for Medicare & Medicaid Services (CMS) now lists on its Medicare Web site ([www.Medicare.gov](http://www.Medicare.gov)) health care practitioners who provide quality-of-care information under the Physician Quality Reporting Initiative (PQRI).

Medicare beneficiaries who use the Web site's "Physician and Other Healthcare Professional Directory" to locate a health care provider will now find a "Physician Quality Report Initiative (PQRI)" option on the "Search Results" page, inviting them to "view the physicians and other health-care professionals that reported quality information for this state."

The agency posted the listing of PQRI participants to its Medicare Web site on Dec. 19, 2008. It provides the names of all eligible health care professionals who submitted at least one PQRI quality data code on a Medicare claim. The listing includes only providers who reported services during the initial PQRI reporting period (July 1 – Dec. 31, 2007).

The listing includes doctors of medicine, osteopathy, podiatric medicine, optometry, oral surgery, dental medicine and chiropractic as well as 12 types of non-physician health care providers and three types of therapists.

The CMS had previously announced it would begin publicly reporting the names of PQRI participating practitioners in 2010. The agency had specifically indicated several times it would not release a list of 2007 PQRI participants, according to the AOA Washington office.

The CMS sees the public reporting of quality care information for health care professionals as "an important means to promote improved quality of care to Medicare beneficiaries," the agency said in announcing the posting last month.

The PQRI listing represents an opportunity for optometrists and other health care practitioners to demonstrate that they have been recognized by a government agency for providing quality care, the AOA Washington office notes.

Based on preliminary data released by the CMS last month (see related article), a number of optometrists are included in the 2007 PQRI listing, AOA Washington office staff adds.

However, both the CMS and the AOA Washington office have expressed concern that some patients will misinterpret the absence of a practitioner's name in the PQRI listing as an indication that the practitioner is not providing quality care.

"The PQRI is a voluntary reporting program," the CMS emphasized in its announcement. "A physician or other healthcare professional can choose whether to report quality information to Medicare under the PQRI program. There are, however, numerous reasons why physicians or other healthcare professionals, who are committed to providing high quality care to their patients, may have chosen not to report quality information under the PQRI Program which began in 2007."

Health care practitioners who reported at least one PQRI quality data code to the CMS in 2007 under the PQRI but who are not included in the list can request inclusion using a "feedback tool" that can be accessed through the Physician and Other Healthcare Professional Directory Web page.

By selecting the "Note for Providers" option on the directory home page, practitioners can access a "Supporting Information" page where they can select the "Physician Quality Reporting Initiative" option to reach the feedback tool.

The Medicare PQRI Physician and Other Healthcare Professional Directory can be accessed at [www.medicare.gov/physician](http://www.medicare.gov/physician).

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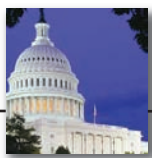
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# PSOs begin taking adverse event reports

The U.S. Department of Health & Human Services (HHS) issued a final rule for Patient Safety Organizations (PSOs). The PSO entities are being developed to provide for the voluntary reporting of certain adverse patient safety events. The program is designed to study and reduce risks and hazards in the future by learning about adverse events in the past, according to the HHS.

Reporting will be voluntary and disclosures should not open the reporting physician to any new liability, according to the AOA Advocacy Group.

Twenty federally recognized PSOs have already been established across the nation. A listing of the PSOs with contact information can be found online:

[www.pso.ahrq.gov/listing/psolist.htm](http://www.pso.ahrq.gov/listing/psolist.htm) The rule went into effect Jan. 19, 2009.

The PSOs are intended to provide a means through which clinicians and health care providers can work to collect, aggregate and analyze data — within a legally secure environment of privilege and confidentiality protections — to identify and reduce patient care risks and hazards.

"I expect the final rule and the creation of Patient Safety Organizations to greatly improve the quality of health care for all Americans," HHS Secretary Mike Leavitt said. "By making it easier for clinicians and health care organizations to report and learn from adverse events without fear of new legal liability, we will be able to improve our nation's health care systems and minimize factors that can contribute to mistakes."

The HHS's Agency for Healthcare Research and Quality (AHRQ) will oversee PSO operations with the HHS Office for Civil Rights (OCR) enforcing confidentiality

rules.

"The Patient Safety Organizations final rule describes the clear, legally protected framework for how hospitals, clinicians, and health care organizations can work together to improve patient safety and the quality of care nationwide," said AHRQ Director Carolyn M. Clancy, M.D.

However, the AOA Advocacy Group suggests health care practitioners may wish to discuss PSO reporting with their malpractice insurance carriers and/or attorneys before making a voluntary disclosure.

A physician's malpractice carrier or attorney can better assess the information security safeguards and confidentiality as well as the benefits, if any, of disclosure, AOA Advocacy Group staff notes.

The listing of PSOs by the HHS was authorized by the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act).

The act is intended to encourage voluntary, provider-driven initiatives to improve the safety of health care through the establishment of legal protections to ensure that providers who report patient safety information do not incur new legal liability; to promote rapid learning about the underlying causes of risks and harms in the delivery of health care; and to share those findings widely, thus speeding the pace of improvement.

To read the final rule and access more information about PSOs, including background on the rulemaking process, visit the AHRQ's PSO Web site at [www.pso.ahrq.gov](http://www.pso.ahrq.gov).

Additional information about the confidentiality and disclosure of patient safety work product may be found at OCR's Web site at [www.hhs.gov/ocr/psqia/](http://www.hhs.gov/ocr/psqia/).

## CMS cracks down on surgical errors

The Centers for Medicare & Medicaid Services (CMS) proposed three national coverage determinations (NCDs) to establish uniform national policies that will prevent Medicare from paying for certain serious, preventable errors in medical care.

The following errors, called Never Events, being focused on by Medicare through the NCDs are identified in the National Quality Forum's (NQF's) list of Serious Reportable Events:

- ❖ Wrong surgical or other invasive procedures performed on a patient;
- ❖ Surgical or other invasive procedures performed on the wrong body part; and
- ❖ Surgical or other invasive procedures performed on the wrong patient.

While the proposed new NCDs probably will not directly impact most optometric practices, optometrists should be aware that the CMS and its parent agency, the U.S. Department of Health & Human Services, is undertaking a major effort to eliminate preventable health care errors and thereby improve the quality of the nation's health,

according to the AOA Advocacy Group.

In 2002, prompted in part by the release of the 1999 Institute of Medicine report titled, "To Err is Human: Building a Safer Health System," the NQF created a list of 27 Never Events, which was expanded to 28 events in 2006.

As part of the ongoing implementation of Section 5001(c) of the Deficit Reduction Act of 2005, the CMS addressed some of the NQF Never Events through the Hospital-Acquired Conditions provisions in the Inpatient Prospective Payment System final rule for fiscal years 2008 and 2009.

For discharges occurring on or after Oct. 1, 2008, Medicare will no longer pay a hospital at a higher rate for an inpatient hospital stay if the sole reason for the enhanced payment is one of the selected Hospital-Acquired Conditions and the condition was acquired during the hospital stay. The CMS is exploring how to adapt this policy to its other payment systems.

The CMS is expected to issue final NCDs by early March.

## AOA offers resources for PQRI

The AOA offers a range of resources to assist member optometrists in providing the services encouraged under the PQRI.

The AOA Communications Group's AOA Eye Disease Management Program offers the AOA Eye Disease Management Kit, with a Recommended Nutrients for Healthy Eyes leaflet, to assist in antioxidant counseling for patients with Age-Related Macular Degeneration

(AMD) and as well as other chronic eye conditions such as diabetic retinopathy.

The Practice Strategies section in the December edition of *Optometry: Journal of the American Optometric Association* offers advice on the kit's use. Additional information on antioxidant counseling for AMD patients is scheduled for the February edition of *Optometry*. The AOA Clinical Care Group offers AOA Optometric Clinical Practice Guidelines

on glaucoma, cataract, diabetic retinopathy, and AMD.

A revised edition of the AMD guideline with new guidelines on antioxidant counseling is scheduled for release next spring.

Information on all of the AOA's member resources can be accessed on the Doctors' Page of the AOA Web site ([www.aoa.org](http://www.aoa.org)). A comprehensive guide to PQRI participation for optometric practices appears in the December edition of *AOA News*.

## Low vision VA positions available

The AOA and the Department of Veterans Affairs (VA) announced a new low vision partnership that led to the formation and implementation of the AOA-backed Continuum of Care, a \$40 million, three-year expansion program for vets needing blind rehabilitation and low-vision care.

The VA called for the addition of over 50 parttime, low vision optometrist positions nationwide to provide rehabilitation services. While a number of the positions have been filled to date, the VA has enlisted the help of the AOA to seek qualified ODs for positions that remain unfilled.

Since its inception in 1976, the Veterans Health Administration (VHA) Optometry Service in the Department of Veterans Affairs (VA) has developed into the majority provider of primary eye care and low vision rehabilitation services to meet the ever-changing needs of America's veterans.

For further details on these openings, including how to become involved, please go to: [www.va.gov/optometry](http://www.va.gov/optometry) and then click on "Open VA Optometrist Positions" in the left-hand column.



# Mainstreaming eye, vision care takes finesse, patience

*In December, the AOA announced formation of the Third Party Center, a major new initiative to help ODs gain access to plans and ensure that ODs are treated fairly and have the tools they need to decide what plans are best for their practice. An important adviser to the AOA staff has been Pauline Yan. "Pauline brings an incredible depth of knowledge and intuitive grasp of complex issues to the ophthalmic profession that is without parallel," AOA Executive Director Barry Barresi, O.D., Ph.D., said. "As one of the true pioneers in the pay-for-performance movement, she has insights into the future of health care — and eye and vision care — that will benefit our members, the association and all patients."*

AOA News had the opportunity to interview her recently and get her perspective on the vision care landscape.

**O**f all the types of health care payment plans, those covering vision care are the most complicated," said Pauline Yan, vice president of Integrated Healthcare Market Solutions at Essilor of America. "Yet the more people utilize eye and vision care, the more money payers can save."

Yan joined Essilor in 2006 with more than 20 years of experience working to understand and shape the way health care is delivered and paid for. She was a regional vice president with GlaxoSmithKline Pharmaceuticals, and served on the boards of California Health Decisions Inc., Integrated Healthcare Association and Prevent Blindness Texas. She has been a prominent speaker on health care and has been a panelist and featured speaker at the National Pay for Performance Summits.

The *San Jose Business Journal* credits Yan, then on the board of the Integrated Healthcare Association, with

being the driving force behind the first summit of California insurance groups, doctors' organizations and hospitals.

The 2000 meeting led to agreements to pursue "pay for

designed and paid for, Yan said.

On a more basic level, Yan said, independent practitioners must continue to need to take the term "access" to

*"Employers are beginning to understand the value of vision care to their company. But vision care is such a small part of the overall health care benefits package that we are dependent on brokers and vision care plans to recommend specific plans."*

performance" and attracted national attention.

In her role at Essilor, she is applying the same strategic thinking to expanding access to eye and vision care.

"We have three goals," she said. "Helping independent practitioners understand vision plans and reimbursement; making sure all stakeholders understand the value of vision care — including payers, end users and intermediaries such as brokers; and demonstrating the economic impact of poor vision to payers of health care."

Yan said that Essilor is working to educate eye care practitioners and their staffs on the details of managed care plans and reimbursement. "Essilor and the AOA's common goal is to ensure the long-term viability of independent practices," said Yan.

The two organizations are working on a memorandum of understanding that formalizes their mutual efforts.

Practitioners can keep up with changes in health care by staying aware of changing market conditions, getting to know the major employers and vision care plans in their area, using electronic health records to better understand patient demographics and stay compatible with plans' requirements and working to understand how plans are

heart, with flexible hours, and engaging office and staff with a concern for overall patient care.

"I can't remember a single time an eye care practitioner has asked about my family," Yan said. "Or asked when the last time was that they had their eyes examined. Consumers see this interaction as a business transaction, and not an episode of care. More importantly this represents a loss of business opportunity for the practice."

Part of the mission of Yan's 19-person staff is to help practitioners adapt to the changing nature of the health care market and patient expectations. The more challenging part is getting stakeholders to listen to the compelling reasons for expanding access to eye and vision care.

"We are building relationships with brokers and benefit managers and explaining how eye and vision care is critical to early detection of diseases, productivity gains, prevention of disease and quality of life; and by provid-

ing them with much needed tools and services to help them with deciding on adding a vision care benefit as part of their health care benefit," Yan said. "Essilor has developed a turnkey health fair and open enrollment program that has been very effective in patient education of the eye care and eyewear benefits that are available to them."

During these open enrollment events, there are opportunities to refer employees/consumers to local practices if they don't have an established relationship with a specific practitioner, Yan said. "Also we found that the general consumer doesn't have a full understanding of what is covered in their material portion of the vision care plan and we have the opportunity to demonstrate the benefits of lens designs, AR coatings and material coverage at these events," she noted.

"Most decision-makers do not yet understand the role of eye and vision care in overall health," Yan said.

In a pilot study of an employer with 10,000 employees, Essilor found that workers with diabetes and hypertension who had regular eye care had 37 percent lower health care costs than those who did not. The company is preparing a paper on the study now.

"Employers are beginning to understand the value of vision care to their company," Yan said, "But vision care is such a small part of the overall health care benefits package that we are dependent on brokers and vision care plans to recommend specific plans."

Yan further comments that most manufacturers are similarly dependent on eye



Yan

care practitioners to recommend their lenses without helping them break the barriers of the lack of understanding with the stakeholders outside of the optical industry. Essilor is the first manufacturer that has made this effort, Yan said.

Yan said that since she joined Essilor, she has noticed a trend among employers to reduce administrative costs by only having one health care plan. Typically, that plan is partnered with a particular eye and vision care plan, often as a voluntary benefit (i.e., employer negotiated and employee-paid model).

"Getting vision care integrated into the primary care package is easier said than done," Yan said. "The health plan that succeeds in doing so is not only going to have access to patients, but access to data that will be critical to documenting outcomes and managing chronic conditions."


Another trend that Yan observed is the increasing number of small companies and people who work at home. So health plans and vision care plans are placing much needed focus on innovative benefit designs for small groups and individuals as well as building an Internet strategy to make signing up much easier for these targeted groups.

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# Paraoptometric Section introduces training program for staff online

The AOA Paraoptometric Section (PS) now offers the Online Paraoptometric Training-Navigator (OPT-N) program to provide online instruction for paraoptometric staff through the AOA Web site. Essilor and The Vision Care Institute™ are the program's sponsors.

The program was developed in response to a growing need for flexible paraoptometric training.

In 2007, the Practice Efficiencies Survey and focus group calls indicated 50 percent of respondents (712) would like to see online education offered.

The OPT-N program was developed in a skills-focused staff training format with the intent to teach, measure and evaluate the skills required of the paraoptometric trainee.

The instruction is divided into units that allow the optometrist to determine the most beneficial areas of study for the trainees' job responsibilities.

Each unit consists of a 20-minute lesson and 10-minute review of lesson concepts and includes a review test.

The units include:

- ❖ Introduction to the profession of paraoptometry
- ❖ Basic terminology
- ❖ Front office procedures

- ❖ Obtaining an ocular history
- ❖ Routine pre-testing procedures
- ❖ External examination

Seven additional units at the beginner level will be available later in 2009, and a future planned expansion of the program will include intermediate and advanced levels of learning.

After completion of all units, paraoptometrics will receive certificates of achievement.

Program benefits include:

- ❖ Cost effectiveness for ODs' time related to on-the-job training
- ❖ Cost effectiveness for staff-on-staff training
- ❖ Higher productivity in initial phase of employment
- ❖ Increased staff competency
- ❖ Increased staff confidence
- ❖ Increased staff job satisfaction leading to staff retention
- ❖ Increased patient satisfaction
- ❖ Increased revenue to practice

- ❖ Convenience for staff for learning and training opportunities.

The program will initially be offered free of charge to current PS members and will cater to those new to the field of paraoptometry.

The PS recommends using OPT-N to measure the competence of existing uncertified paraoptometrics. This could provide the springboard for trainees to eventually seek certification in the field of paraoptometry. The PS also recommends use of additional reference materials such as the "Self-Study Course for Paraoptometric Certification" in conjunction with the program.

To learn more about the program, visit [www.aoa.org/OPT-N.xml](http://www.aoa.org/OPT-N.xml).

For more information about the Paraoptometric Section, contact Mary Ellen Poff at [MEPoff@aoa.org](mailto:MEPoff@aoa.org) or 800-365-2219, ext. 4108.

For more information about the Commission on Paraoptometric Certification, contact Sharon Alderson at [SAlderson@aoa.org](mailto:SAlderson@aoa.org) or 800-365-2219, ext. 4210.



## AOA releases glaucoma findings

As part of January's observance of National Glaucoma Awareness Month, the AOA is releasing findings from its annual American Eye-Q® survey, which identifies attitudes and behaviors of Americans regarding eye care and related issues.

The survey, conducted last year, showed that a large number of consumers do not know what glaucoma is and how severe the effects of the disease can be. Ninety-five percent of respondents did not know that glaucoma damages the optic nerve, and only 21 percent of respondents were aware that glaucoma causes deterioration of peripheral or side vision.

Blacks and Hispanics are genetically more susceptible to glaucoma. Yet, 37 percent of blacks and Hispanics did not have their eyes dilated during their last eye exam, according to the American Eye-Q® survey. The AOA recommends eye exams every two years for adults under age 60 and every year thereafter. A doctor may recommend more frequent exams depending upon a patient's medical or family history.

Medicare patients at high risk for glaucoma can receive dilated eye examinations as a benefit of Medicare coverage. Currently eligible beneficiaries are individuals with diabetes mellitus, individuals with a family history of glaucoma, Hispanic-Americans age 65 and older, and blacks age 50 and older. The AOA provides a Glaucoma/Diabetes Hotline program that matches patients with participating optometrists in their area. Patients seeking an optometrist in their area can call 800-262-3947.

The third-annual American Eye-Q® survey was created and commissioned in conjunction with Penn, Schoen & Berland Associates (PSB). From May 17-19, 2008, using an online methodology, PSB interviewed 1,001 Americans 18 years and older who embodied a nationally representative sample of the U.S. general population. (Margin of error at 95 percent confidence level.)

## Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

These large-format, 20-inch by 24-inch 'gallery-wrapped' prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

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The prints may be purchased individually or as a collection, depending on the needs of the office space.

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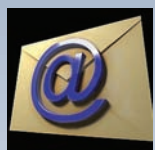
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Visitors can stroll through the National Mall and take in the majestic monuments and memorials for Washington, Lincoln, Vietnam Veterans, Korean War Veterans, World War II, Franklin Delano Roosevelt, Grant and Jefferson.

Visitors can take in the monuments by water taxi on a short ride from National Harbor to Georgetown.

Once there, visitors can take a stroll through the historic and nationally significant campus, shop at a diverse collection of shops and dine at restaurants throughout this charming spot within D.C.

Guests can also venture farther to take a tour of government buildings, including the U.S. Capitol, Library of Congress, Supreme Court, The White House and Embassy Row.

Museum enthusiasts have a range of museums from which to choose: the National Air and Space Museum, the 14 Smithsonian museums, the National Gallery of Art and the United States Holocaust Memorial Museum. Old Alexandria, listed on the National Register of Historic places, welcomes guests to stroll through its streets lined with 18th and 19th-century buildings, historic attractions, shopping and dining.

Old Alexandria is easily accessible from the Gaylord properties with round trips available numerous times daily.

No matter what direction guests choose, the National Harbor offers entertaining options for every taste and interest.

## Gaylord National® Resort and Convention Center

The AOA has secured another beautiful, convenient and activity-packed location for its annual meeting.

As with other Gaylord properties, the Gaylord National® Resort and Convention Center offers its guests everything they need and want for a comfortable and relaxing stay.

Gaylord National® is located 15 minutes from Washington, D.C., and is part of the new National Harbor project, which includes shopping, dining, and residential developments.

A resplendent glass atrium offers views of the Potomac River.

Casual and fine-dining restaurants are available throughout the resort. The restaurants range from steakhouse and seafood, to Italian and bar and grill fare, to poolside and in-room dining.

After a day of browsing products and services in the exhibit hall and attending continuing education courses, guests can visit the 20,000-square-foot Relâche Spa, fitness center and pool.

Guests may also want to check out the two-story rooftop Gaylord National®-exclusive Pose Ultra Lounge & Nightclub, which features an infusion bar and views from its wrap-around terrace. Pose has floor-to-ceiling windows, which offer breathtaking views of the nation's capital.

Attendees are encouraged to register early as reservations for the Gaylord National® Resort & Convention Center will fill quickly.

For those who opt to stay off-site, reservations may be made at the Hampton Inn & Suites, Residence Inn or Westin, which are conveniently located within one block of the Gaylord National®.

Booking a stay at one of the four hotels highlighted ensures the AOA's room blocks are filled. The AOA and AOSA appreciate support of the associations by using one of these select properties.

Registration and housing open in February.



**The dome of the U.S. Capitol is situated above the nation's Capitol rotunda and reaches 288 feet in height. The dome was designed by Thomas U. Walter and was constructed between 1855 and 1866. Shown is the fresco painted by Constantino Brumidi on a platform above the interior dome's oculus. The fresco is called the "Apotheosis of Washington."**

## Journalist,

*from page 1*

Woodruff won a 2008 Peabody Award for "Wounds of War—the Long Road Home for Our Nation's Veterans," a series of reports that aired on ABC.

Woodruff was also honored with the Daniel Pearl Award for Courage and Integrity in Journalism.

In addition to his coverage of the war, Woodruff has reported on other top stories.

His reports from New Orleans in the aftermath of Hurricane Katrina helped focus the nation's attention on the building tragedy there.

He was ABC's lead correspondent on the Asian Tsunami, reporting from Banda Aceh, Indonesia, and Sri Lanka.

Woodruff has covered the "axis of evil" named by former President George W. Bush as Iran, Iraq and North Korea. He covered the nuclear showdown in Iran and, in June 2005, was granted unprecedented access to the secretive country of North Korea.

He has reported extensively on the continuing unrest in Iraq from Baghdad, Najaf, Nassariya and Basra.

During the initial invasion of Iraq, Woodruff reported

from the frontlines as an embedded journalist with the 1st Marine Division, 1st Light Armored Reconnaissance Battalion.

Woodruff also covered the past presidential campaign of Sen. John Edwards. Before moving to New York in 2002, Woodruff worked out of ABC News' London Bureau.

After the Sept. 11 attacks, he was among the first Western reporters in Pakistan and was one of ABC's lead foreign correspondents during the war in Afghanistan, reporting from Kabul and Kandahar on the fall of the Taliban.

His overseas reporting of the fallout from Sept. 11 was part of ABC News' coverage recognized with the Alfred I. duPont Award and the George Foster Peabody Award, the two highest honors in broadcast journalism.

He was also a part of the ABC News team recognized with an Alfred I. duPont Award for live coverage of the death of Pope John Paul II and the election of Pope Benedict XVI.

Optometry's Meeting® registration opens in February. For more information, visit [www.optometrysmeeting.org](http://www.optometrysmeeting.org).





## DMEPOS surety bond rule exempts optometrists

In an effort to curb Medicare fraud and abuse, the U.S. Centers for Medicare & Medicaid Services (CMS) has announced it will begin requiring some providers of durable medical equipment to post surety bonds.

However, the surety bond requirement will not apply to optometrists who provide post-cataract eyeglasses to their own patients under Medicare, the AOA Washington office notes.

Congress mandated the surety bond requirement under the Balanced Budget Act of 1997, following reports of widespread Medicare fraud among some

suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) — notably providers of wheelchair and oxygen equipment.

The 2007 Medicare error rate report found approximately \$1 billion in improper payments for medical equipment and supplies.

The CMS announced last month it will require existing Medicare DMEPOS suppliers to post a \$50,000 surety bond by Oct. 2, 2009. Most DME suppliers submitting a complete Medicare enrollment form, regardless of whether they are new to Medicare or have been serving Medicare beneficiaries for years, will

need to meet the surety bond requirement by May 4.

Last month's announcement drew questions from some optometrists who noted that Medicare considers post-cataract eyeglasses to be a form of durable medical equipment, the AOA Washington office reports.

The surety bonds will probably cost DMEPOS providers around \$2,500.

However, the surety bond requirement specifically exempts optometrists and other health care practitioners

who provide durable medical equipment to their own patients, the AOA Washington office notes.

"In reviewing the statutory language and legislative history of (the Balanced Budget Act), we believe that the Congress intended to create an exception for physicians and NPPs (non-physician providers). Accordingly, we have revised this final rule to establish an exception to the surety bond requirement for physicians ... provided that the items are furnished

only to the physician or NPP's own patients as part of his or her professional service," the CMS emphasized in announcing the surety bond requirement.

The CMS originally planned to include physicians when it first proposed the surety bond requirement in 2007.

However, the agency decided to exempt physicians at the behest of the AOA and other practitioner organizations.

## Call for posters now open

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 112th Annual AOA Congress & 39th Annual AOSA Conference: Optometry's Meeting®.

The program creates a national forum for clinicians, students, and faculty to communicate interesting cases and unique research to their colleagues.

The poster preview session will be held Friday, June 26, 2009, and the interactive session offering continuing education credit will be Saturday, June 27 from 11 a.m. to 2 p.m. at the Gaylord National® Convention Center.

Poster abstracts must be submitted electronically and must be received by Feb. 9.

For more details and an electronic submission form, log on to [www.optometrymeeting.org](http://www.optometrymeeting.org) and click on the Call for Posters icon.

For more information, contact Stacy Smith at 314-983-4254 or at [sasmith@aoa.org](mailto:sasmith@aoa.org).



**Hurricane Katrina.  
Hurricane Rita.  
Hurricane Wilma.  
Tornado - Greensburg, Kansas.  
California Wildfires.  
Midwest Floods.  
Hurricane Gustav.  
Hurricane Ike.  
Called upon to help optometrists 245 times.  
\$407,000 total in grants delivered.**

**You don't plan on being next, but we plan to be there for you when you need us most. Through Optometry's Fund for Disaster Relief, Optometry's Charity™ makes sure that it takes care of members of the optometric family when disaster strikes.**

**Our emergency disaster relief grants allow optometrists to get back to the business of taking care of their patients as quickly as possible.**

**Please do your part in making sure we are always ready to answer the call. To donate to the fund, please visit [www.optometryscharity.org](http://www.optometryscharity.org); call 800-365-2219, ext. 4200; or send your check to OFDR, 243 N. Lindbergh, Floor 1, St. Louis, MO 63141.**



Optometry's Charity™ - The AOA Foundation 243 N. Lindbergh Blvd., St. Louis, MO 63141 800-365-2219





## MEETINGS

### February

OPTOMETRIC EXTENSION PROGRAM  
VT/LEARNING RELATED VISUAL PROBLEMS (VT 2)  
February 4-8, 2009, Phoenix, Arizona  
Theresa Krejci  
800/447-0370

MINNESOTA OPTOMETRIC ASSOCIATION ANNUAL MEETING  
February 5-7, 2009  
Hyatt Regency Minneapolis,  
Jessica E. Miller 952/841-1122  
FAX: 952/921-5801  
Jessica@mneyedocs.org  
www.minnesootoptometrists.org

DELAWARE OPTOMETRIC ASSOCIATION WINTER THAW CONTINUING EDUCATION  
February 7, 2009  
Embassy Suites, Newark, NJ  
Troy Raber, O.D., 302/537-0234  
www.deoa.org

NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANS SNOW SCHOOL 2009  
February 7-8, 2009  
Great Wolf Lodge, Scotrun, Pennsylvania  
609/323-4012  
FAX: 609/323-4014  
www.njsop.org/events.php

EYE CARE CENTER, SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY  
WHO CAN HELP MY CHILD OVERCOME LEARNING PROBLEMS? February 10, 2009  
Blake Conference Center at ECC, Fullerton, California  
714/449-7430

NORTH DAKOTA OPTOMETRIC ASSOCIATION  
2009 CONTINUING EDUCATIONAL MEETING  
February 12-13, 2009  
Ramkota Hotel, Bismarck, North Dakota, Nancy Kopp  
701/258-6766  
FAX: 701/258-9005  
ndoa@btinet.net  
www.ndeyecare.info

TEXAS OPTOMETRIC ASSOCIATION  
109TH ANNUAL CONVENTION  
February 12-15, 2009  
Renaissance Austin Hotel  
Jennifer Martinez Bell  
512/707-2020  
TOAJennifer@austin.rr.com

THE HEART OF AMERICA CONTACT LENS SOCIETY  
CONTACT LENS AND PRIMARY CARE CONGRESS

February 13-15, 2009  
Hyatt Regency-Crown Center  
Kansas City, MO, Dr. Steve Smith  
913/341-8211  
registration@hoacsls.org  
www.hoacsls.org

TROPICAL CE  
ST. MAARTEN  
February 14-21, 2009  
Sonesta Great Bay Beach Resort & Casino, St. Maarten,  
Stuart Autry 281/808-5763  
John Ogden 281/900-8493  
www.TropicalCE.com

INDIANA OPTOMETRIC ASSOCIATION OCULAR PHARMACOLOGY SEMINAR  
February 18, 2009  
Ritz Charles Conference Center, Carmel, Indiana 317/237-3560  
www.ioa.org

25TH ANNUAL PALM BEACH WINTER SEMINAR  
Palm Beach County Optometric Association, February 20-22, 2009  
PGA National Resort & Spa, George Schmidt, PBCOA President  
561/622-8200  
Palm Beach Gardens, Florida.  
www.pbcoa.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION  
INTERPROFESSIONAL MANAGEMENT OF YOUR DIABETIC PATIENTS  
February 22, 2009  
Hotel Hershey, Hershey, Pennsylvania  
Ilene Sauertieg  
ilene@poaeyes.org  
www.poaeyes.org

EYE SKI UTAH  
23rd Annual Eyeski Conference  
February 22-27, 2009  
Park City, Utah  
Tim Kime, O.D. 419/475-6181  
tandbkime@buckeye-express.com  
kkeyes@buckeye-express.com  
www.eyeskiutah.com

MONTANA OPTOMETRIC ASSOCIATION  
BIG SKY SKI CONFERENCE  
February 26-28, 2009  
Huntley Lodge – Big Sky Resort, Big Sky, Montana  
Sue Weingartner 406/443-1160  
FAX: 406/443-4614  
sweingartner@rmsmanagement.com  
www.mteyes.com

### March

ALLEGANY OPTICAL/NATIONAL OPTOMETRY  
March 1, 2009  
Hagerstown Community College, Hagerstown, MD

301/790-2800  
www.hagerstowncc.edu/  
coned/seminars

SACRAMENTO VALLEY OPTOMETRIC SOCIETY  
21st Annual Ocular Symposium  
March 1, 2009  
Marriott Sacramento Rancho  
Cordova Hotel jerrysue@svos.info  
www.svos.info

OPTOMETRIC EXTENSION PROGRAM  
GREAT LAKES CONGRESS  
March 1-2, 2009  
Theresa Krejci  
800 447 0370

SECO INTERNATIONAL  
SECO International 2009  
March 4-8, 2009  
Georgia World Congress Center, Atlanta, GA  
www.seco2009.com

BRITISH COLUMBIA ASSOCIATION OF OPTOMETRISTS  
CONTINUING EDUCATION SEMINARS AND OPTOFAR  
March 13-16, 2009  
Pan Pacific Hotel and Vancouver Convention & Exhibition Centre  
Vancouver, British Columbia, Canada 604/737-9907  
info@optometrists.bc.ca  
www.optometrists.bc.ca

OPTOMETRIC EXTENSION PROGRAM  
18TH ANNUAL NORA MULTI-DISCIPLINARY CONFERENCE  
March 14-15, 2009  
Benson Hotel, Portland, Oregon  
Bob Williams  
949/250-8070

TROPICAL CE AUSTRALIA  
March 14-28, 2009  
The Sebel Pier One – Sydney  
Ayers Rock Resort – Uluru  
The Outback Seat Temple (Gateway to the Great Barrier Reef), Australia  
Stuart Autry 281/808-5763  
www.TropicalCE.com

OPTOMETRIC EXTENSION PROGRAM  
VT/VISUAL DYSFUNCTIONS  
March 19-23, 2009  
Baltimore, Maryland  
Theresa Krejci  
800 447 0370

OPTOMETRIC EXTENSION PROGRAM  
THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE  
March 19-23, 2009  
Pomona, California  
Theresa Krejci  
800 447 0370

THE WILMER EYE INSTITUTE AND THE MARYLAND OPTOMETRIC ASSOCIATION  
Evidence Based Care in Keratoconus, Ophthalmic Nutraceuticals, and Low Vision  
March 22, 2009  
The Johns Hopkins Medical Campus, Tilghman Auditorium, Baltimore, Rebecca Scarborough

410/583-2843  
emyrowitz@jhmi.edu  
www.marylandeyes.org/  
2009wilmer.htm

INTERNATIONAL VISION EXPO  
EAST, March 26-29, New York,  
www.visionexpoeast.com

NEBRASKA OPTOMETRIC ASSOCIATION SPRING CONFERENCE  
March 27-29, 2009  
Embassy Suites, Lincoln, Nebraska  
402/474-7716  
noa@assocoffice.net  
www.noaonline.org

### April

OPTOWEST 2009  
April 2-5, 2009  
Hyatt Grand Champions Resort, Villas and Spas, Indian Wells, Calif.  
Corrie Pelc  
800/877-5738 ext. 237  
FAX: 916/944-1423  
cpelc@coavision.org  
coavision.org

WEST FLORIDA OPTOMETRIC ASSOCIATION SPRING SEMINAR  
April 17-19, 2009  
SanDestin Hilton Beach Resort, Tom Streeter  
850/279-4361  
www.wfoameeting.com

INDIANA OPTOMETRIC ASSOCIATION 112TH ANNUAL CONVENTION April 17-19, 2009  
French Lick and West Baden Springs Hotels, French Lick, Indiana  
317/237-3560 www.ioa.org

OPTOMETRIC EXTENSION PROGRAM  
SOUTHERN CALIFORNIA VISION THERAPIST FORUM  
April 17-18, 2009  
Handlery Hotel, San Diego, California (Mission Bay)

OPTOMETRIC EXTENSION PROGRAM  
ROBERT WOLD SOUTHERN CALIFORNIA BEHAVIORAL VISION SEMINAR  
April 19-20, 2009  
Handlery Hotel, San Diego, CA  
Theresa Krejci  
800 447 0370

BINOCLAR VISION & PEDIATRICS FORUM AND THE CHILDREN'S LEARNING FORUM  
April 23-24, 2009  
Holiday Inn on the Lane, Columbus, Ohio  
614/688-3336  
Kulp.6@osu.edu  
www.optometry.osu.edu

ARKANSAS OPTOMETRIC ASSOCIATION 2009 SPRING CONVENTION  
April 23-25, 2009  
The Peabody Hotel, Little Rock, AR  
Vicki Farmer 501/661-7675  
FAX: 501/373-0233  
aropt@swbell.net  
www.arkansasoptometric.org



MOUNTAIN WEST COUNCIL OF OPTOMETRISTS ANNUAL MEETING  
April 23-25, 2009  
Las Vegas, Nevada  
Tracy Abel 888/376-6926 or 503/436-0798  
FAX: 503/436-0612  
tracyabel@earthlink.net  
www.mwco.org

OPTOMETRIC EXTENSION PROGRAM  
VT/STRABISMUS & AMBLYOPIA  
April 23-26, 2009  
Ft. Lauderdale, Florida  
Theresa Krejci  
800 447 0370

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY  
24TH ANNUAL MORGAN/SARVER SYMPOSIUM  
April 24-26, 2009  
DoubleTree Hotel, Berkeley Marina, Berkeley, Calif. Nyla Marnay  
510/642-6547  
FAX: 510/642-0279  
optoce@berkeley.edu  
http://optometry.berkeley.edu

NEW JERSEY CHAPTER OF THE ACADEMY  
April 29-May 3, 2009  
Kingston Plantation, Myrtle Beach, South Carolina  
Dennis Lyons, O.D.  
732/920-0110  
Dhl2020@aol.com

COLLEGE OF SYNTONIC OPTOMETRY  
77TH INTERNATIONAL CONFERENCE ON LIGHT AND VISION  
April 28-May 2, 2009  
Niagara Falls, Ontario, Canada  
Ron Wahlmeier  
866/486-0190  
FAX: 719/486-0190  
sytonics@bresnan.net

### May

FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY  
EDUCATIONAL MEETING 2009  
May 1-2, 2009  
Mission Inn, Howey-in-the-Hills, Florida  
Dr. Arthur T. Young  
239/245-7494  
FAX: 239/574-1374  
Eyeguy4123@msn.com

**To submit an item  
for the meetings calendar,  
send a note to  
eventcalendar@aoa.org**





Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

Eyemaginations

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Liberty Sport

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council<sup>SM</sup> to express themselves on issues and products they consider important to the members of the AOA.**

## Industry Profile: Advanced Medical Optics

AMO is focused on providing the full range of advanced refractive technologies and support to help eye care professionals deliver optimal vision and lifestyle experiences to patients of all ages. We do this by providing a complete refractive solution that includes a differentiated suite of advanced products and services designed to address vision disorders at all stages of life. We offer market-leading technologies for myopia, hyperopia, astigmatism, presbyopia, cataract, spherical aberration and corneal health, and proven educational and support programs that help eye care professionals master refractive technologies and grow their practices.

**Discovering New Ways to Correct Vision**

Innovation is our lifeblood as it continually renews our relevance and differentiation in the market. In 2008 alone, we launched a new, one-piece Tecnis<sup>®</sup> intraocular lens for cataract patients, a new dispersive viscoelastic expanding our Healon<sup>®</sup> franchise, and blink Tears lubricating eye drops, a unique over-the-counter dry eye product. We also introduced two new refractive technologies, the iFS<sup>™</sup> Laser and iDesign<sup>™</sup> system. The iFS<sup>™</sup> system is the latest advancement in femtosecond laser technologies that allows the surgeon to cut a customizable corneal flap during the LASIK procedure in less than 10 seconds. Projected for an early 2009 launch, the iDesign<sup>™</sup> system combines an aberrometer and topographer into one machine and provides a higher dynamic range, which allows clinicians to capture wavefront images in more patients.

Both of these technologies are a part of AMO's consumer-facing iLASIK brand, our custom, all-laser LASIK procedure that's performed using our market-leading, proprietary technologies.

### Providing a Correct Solution to Customers

We deliver our products through three complementary businesses, each providing specific solutions to address patients' refractive needs at certain stages of life.

Our Corneal business captures teens and young adults as they are introduced to contact lens wear. We work with their eye care practitioners to offer contact lens disinfection, cleaning and wetting formulations that protect and lubricate ocular surfaces, relieve dryness and irritation and increase overall contact lens comfort.

Our Refractive business focuses on patients older than age 21 seeking freedom from eyeglasses or contact lenses. As the world's No. 1 laser vision correction company, we offer refractive practices the industry's most advanced technologies, which are designed to achieve superior visual outcomes with fewer complications, enhance surgeon productivity and break down consumer fears regarding LASIK treatments.

Our Cataract business addresses needs of patients older than age 60 and suffering from cataracts and presbyopia. We provide ultrasonic lens removal systems, viscoelastics, aspheric intraocular lenses (IOLs) that provide improved functional vision by reducing spherical aberration and multifocal IOLs that provide excellent near, intermediate and distance vision without eyeglasses. With our innovations, ophthalmic surgeons can optimize each patient's visual function based on his or her individual need.

Our ability to link our businesses together to form a potent technological offering is our differentiation in the market and the cornerstone of our complete refractive solution approach.

For more information, visit the company's Web site at [www.amo-inc.com](http://www.amo-inc.com).

## Topcon releases new OCT software

**T**opcon Medical Systems, Inc., supplier of ophthalmic diagnostic equipment and image management solutions, introduced the next generation of Topcon 3D OCT TrueMap<sup>™</sup> software called FastMap<sup>™</sup> along with two new developments for its EyeRoute<sup>®</sup> Image Management System.

The Fast Map software includes customized capture protocols, enhanced analysis protocols, new 3D OCT Dynamic<sup>™</sup> report interface that includes a historical report viewer, expanded exam compare feature, expanded icons, improved data base functionality, and connectivity to IMAGENet.

"These new software improvements have made the easiest spectral domain OCT that much faster and better to use," said Robert Gibson, director of marketing for Topcon Medical Systems.

"An additional feature of this software is that the system automatically tracks the center of the disc, which improves accuracy for detecting glaucoma progression," said Gibson.

The FastMap software also includes improved database features.

The cost of the new FastMap software is included in the cost of the Topcon 3D OCT-1000, and the FastMap upgrade package is included in the cost of the 3D OCT-1000 warranty.

Customers with the 3D OCT who are under warranty

will be upgraded to the FastMap software at no additional charge.

## Eye Route developments announced

The EyeRoute Image Management system developments include EyeRoute On Board, which makes it easier to use the system because the software will be loaded on any Topcon device that has a personal computer.

Topcon's goal is to have EyeRoute on all of its systems, as part of its mission, Connecting Visions.

"Topcon has embarked on a new long-term mission to bring innovative product and information solutions that will reduce cost, enhance office workflow and improve patient care," said Gibson. "Topcon believes that this is the right direction given a global aging population, increasing costs of health care, reduced reimbursements and a reduction in trained technical personnel."

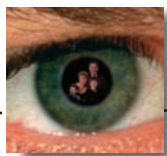
The second new development is EyeRoute Mobile, which enables EyeRoute users to access images on their handheld devices as long as the handheld is 3G compatible.

As part of the EyeRoute Mobile package, an Apple iPhone is included. For more information, contact Topcon Medical Systems at 800-223-1130 or visit [www.topconmedical.com](http://www.topconmedical.com).



**Nautica Eyewear captures the essence of an authentic, active lifestyle with styles N6117S, right, and N6120S. The fashionable frames were inspired by a cruise ship. For more information about Nautica, visit [www.marchon.com](http://www.marchon.com).**





## Allergan announces FDA approval for Latisse™ eyelash treatment

Allergan announced the approval of the U.S. Food and Drug Administration (FDA) for Latisse™ (bimatoprost ophthalmic solution) 0.03% as a novel treatment for eyelash hypotrichosis (having inadequate or not enough eyelashes).

Latisse is the first and only science-based treatment approved by the FDA to enhance eyelash prominence as measured by increases in length, thickness and darkness of eyelashes.

"Latisse fulfills a significant and previously unmet need in the medical aesthetic marketplace with a product approved by the FDA that increases the growth of eyelashes, making them longer, thicker and darker," said Scott Whitcup, M.D., Allergan's executive vice president of Research and Development. "As the global leader in medical aesthetics, Latisse exemplifies our continuing commitment to developing innovative treatments that are studied in well-controlled clinical trials, manufactured to pharmaceutical standards,

appropriately labeled for use, and available to consumers as a prescription product."

Available only through a prescription, Latisse is a once-daily treatment applied to the base of the upper eyelashes with a sterile, single-use-per-eye disposable applicator.

Optometrists' ability to prescribe Latisse will depend on individual state law. Allergan will recommend consumers seek consultation from a trained and qualified doctor to ensure optimal patient outcomes, according to the company.

Latisse users can expect to experience longer, fuller and darker eyelashes in as little as eight weeks, with full results in 16 weeks. To maintain the effect, continued treatment with Latisse is required. If use of Latisse is discontinued, eyelashes will gradually return to their prior state over a period of weeks to months (average eyelash hair cycle).

Similar to Allergan's other medical aesthetic offerings, the benefits of Latisse are derived from scientific

evidence, its quality formulation, and medical origin.

Latisse was clinically tested in a pivotal Phase III, multi-center, double-masked, placebo-controlled study to assess its safety and efficacy in which all endpoints (improved eyelash prominence, length, thickness and darkness) were met.

Bimatoprost, the active ingredient in Latisse, was first approved in 2001 as a medical product to lower intraocular pressure in people with open-angle glaucoma or ocular hypertension. Patients treated with bimatoprost for this specific eye condition experienced eyelash growth as a side effect.

The long-term safety of bimatoprost for therapeutic use has been recognized by the medical community and well established based on use in 32 clinical trials involving more than 5,700 glaucoma patients and more than 13 years of clinical trial experience.

Given the existing and substantial safety data with bimatoprost solution 0.03%, coupled with the positive

results from the Phase III Latisse study, Latisse provides patients a clinically meaningful aesthetic benefit with a favorable safety profile.

Bimatoprost is the active pharmaceutical ingredient in the formulation of Latisse and is a structural prostaglandin analog, a lipid compound derived from fatty acids designed to bind to prostaglandin (PG) receptors.

PG receptors are present in hair, particularly in the dermal papilla and outer root sheath. Although the precise mechanism of action is unknown, PG receptors are thought to be involved in the development and regrowth of the hair follicle, by increasing the percent of hairs in, and the duration of, the anagen or growth phase.

Latisse will be available in the United States by prescription only and is subject to all U.S. guidelines applicable to dispensing a prescription product. Based on the FDA's approval, Allergan expects to launch the product nationwide in the first quarter of 2009.

Doctors and consumers can visit [www.latisse.com](http://www.latisse.com) or [www.allergan.com](http://www.allergan.com) for product and prescribing information.

Allergan estimates global peak sales of Latisse could exceed \$500 million per year.

As the exclusive U.S. and foreign patent owner, Allergan obtains the rights to the use of bimatoprost and other prostaglandins and prostaglandin analogs as a treatment to stimulate eyelash growth.

## ODC introduces new PAL

Optical Distribution Corporation (ODC), the U.S. distributor of Rodenstock premium lenses and frames, announced the availability of Progressiv PureLife®, featuring a technically advanced, proprietary progressive design.

The lenses employ data and technology used in the development of Rodenstock's optimized and individualized free-form progressive lenses.

"PureLife utilizes actual wearers' data gathered over the past several years, which show changes in both human physiology and the way we use our eyes," said Laurie Badone, ODC's director of Marketing. "People are taller today than in the past, and also do a wider variety of

intermediate activities, such as using computers and text messaging. Progressiv PureLife takes these new parameters into account and uses Rodenstock's "Perfect Balancing" concept, which allows for excellent binocular vision and image clarity as the eyes move across the surface of the lens."

Progressive PureLife also incorporates the Retina Focus Principle, designing the lens in the as-worn position, which enables the image to always focus on the retina.

This improves visual acuity in all fields, and particularly enhances intermediate and near vision.

PureLife provides customized channel placement, using the patient's specific

distance and add powers.

The lens is available in two progression lengths, with a minimum fitting height as low as 14 mm.

Progressiv PureLife comes in 1.50, ColorMatic® 1.54 Gray and Brown, 1.60 and 1.67, with availability from +8.00 to -10.00 out to a -4.00 cylinder.

The short corridor PureLife XS is available from +6.00 to -10.00 out to a -4.00 cylinder.

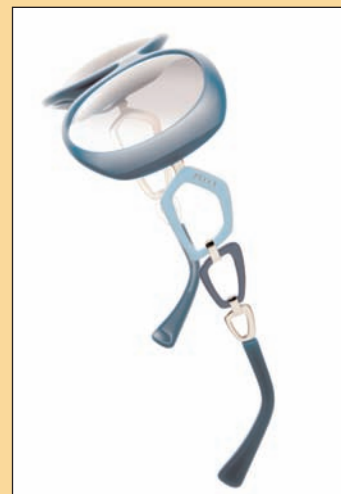
Adds are from +0.75 to +3.00 on XS, with +0.75 to +3.50 on the longer progression length.

For more information, contact Optical Distribution Corporation at 888-407-3937 or visit [www.rodenstockusa.com](http://www.rodenstockusa.com).

## Emilio Pucci fuses colors, innovative designs



**The Emilio Pucci Eyewear collection unveils a combination of prints, logo treatments and head-turning design. Shown above is style EP2610, a flattering soft rectangular optical shape amplified by discreet detailing. The zyl frame is available in warm, feminine shades of sand with the Tropical print, orchid with the Vivara print, ebony with**



**the Torre print and chestnut with the Quadratini print. Shown at left is style EP624S. This new style features varying freeform shapes elegantly linked together forming the temples. Visit [www.marchon.com](http://www.marchon.com).**





## SHOWCASE

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# SET YOUR SIGHTS HIGH

OPTOMETRY

Geisinger Health System seeks a licensed optometrist to join its growing practice at Geisinger Wyoming Valley Medical Center, Wilkes-Barre, PA.

**About this position:**

- Residency training in ocular disease preferred
- Work with an ophthalmologist and a support team of nurses and techs within Geisinger's large, multi-specialty Ophthalmology service line
- Assist with inpatient consults, with the primary responsibility of covering hospital consults
- Opportunity to work with collegial staff and create new programs
- Growing department now features Pachymetry, OCT, Fundus Photography, HVF and offers Fluorescein Angiography, with in-house eyewear/contact lens department

For more information, please contact Autum Kline, Physician Recruiter, at 1-800-845-7112, email: [aumkline@geisinger.edu](mailto:aumkline@geisinger.edu) or visit [www.Join-Geisinger.org/589/Optometry](http://www.Join-Geisinger.org/589/Optometry)

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# Visit the AOA Web site at [www.aoa.org](http://www.aoa.org)

Announcement of  
VA Optometry Residency  
Openings 2009-2010




Northport VA Medical Center, Long Island, NY announces the availability of four optometric residency positions. The Residency Program is under the guidance of the Northport VA staff and is affiliated with the SUNY State College of Optometry. The uniqueness of the Residency Program is that the residents will receive extensive didactic/clinical training and experience in three major areas:

- (1) **Primary Care**, including the diagnosis & treatment of all ocular diseases,
- (2) **Rehabilitative Optometry**, including management of head trauma, stroke, vestibular and binocular problems, and
- (3) **Low Vision Rehabilitation**

Residents will also rotate through various clinics within the Medical Center. This one-year program will commence on July 1, 2009. Please submit application through ORMS by 2/1/09. Additionally, the following materials need to be submitted directly to the Residency Program Supervisor: complete curriculum vitae w/letter of interest, optometry school transcripts, National Board scores, (3) letters of recommendation, & copies of any state licenses, if obtained. Approx stipend: \$32,800.

**Please send materials to:**  
Michael McGovern, O.D., F.A.A.O.,  
Residency Program Supervisor,  
Optometry Service (123),  
Department of Veterans Affairs,  
Medical Center, Northport, NY 11768.  
Email: [Michael.McGovern@va.gov](mailto:Michael.McGovern@va.gov)

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WEBSITE: [www.mteyes.com](http://www.mteyes.com)

E-MAIL: [sweingartner@rmsmanagement.com](mailto:sweingartner@rmsmanagement.com)



## AEA Optometric Cruise Seminars 2009

**Classic Southern Caribbean**, 2/15-2/22/09, *Caribbean Princess*®. San Juan, Barbados, St. Lucia, Antigua, Tortola, St. Thomas, San Juan. **From \$909. ~ President's Day ~**. Speakers: Janet Betchkal, MD & Rick Bendel, MD

**Eastern Caribbean**, 3/14-3/21/09, *Disney Magic*®. Port Canaveral, St. Maarten, St. Thomas, Castaway Cay, Port Canaveral. **From \$1169.00 ~ Spring Break with Disney! ~** Speaker: Louise Scalfani, OD.

**Western Caribbean**, 6/27-7/4/09, *Disney Magic*®. Port Canaveral, Key West, Grand Cayman, Cozumel, Castaway Cay, Port Canaveral. **From \$1549 ~ 4th of July with Disney! ~** Speakers: Kelly Nichols, OD & Jason Nichols, OD.

**Eastern Caribbean/Bermuda**, 6/29-7/8/09, *Caribbean Princess*®. New York City, Bermuda (West End), San Juan, St. Thomas, Grand Turk, New York City. **From \$1329 ~ 4th of July ~** Speaker: Joseph Pizzimenti, OD.

**Gulf of Alaska**, 6/29-7/6/09, *Coral Princess*®. Vancouver, Ketchikan, Juneau, Skagway, Glacier Bay National Park, College Fjord, Anchorage.

### ►► OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY ALUMNI ASSN CRUISE ◀◀

OSU Seminar featuring speakers Barbara Fink OD & Melissa Bailey, OD.  
Concurrent AEA Optometric Seminar featuring speaker Scot Morris, OD.  
Attend one seminar or both starting from 10 hours up to 20 hours of CE. **From \$1009 ~4th of July~**

**Hawaii**, 7/4-7/11/09, *NCL Pride of America*®. Honolulu, Maui, Hilo, Kona, Nawiliwili, Honolulu.  
**From \$1409 ~4th of July~** Speakers: Barry Eiden, OD & Carol Barron, OD.

**Classic Grand Mediterranean**, 7/15-7/27/09, *Ruby Princess*®. Barcelona, Monte Carlo, Florence/Pisa, Rome, Naples/Capri, Mykonos, Istanbul, Kusadasi, Athens, Venice. **From \$2240** Speaker: Paul Ajamian, OD.

**Blue Danube Discovery River Cruise**, 7/20-7/27/09, *Amadeus Waterways Amadante*®. Budapest, Bratislava, Vienna, Durnstein-Melk, Linz-Passau, Regensburg, Nuremberg. Optional 2 night pre-cruise stay in Budapest and/or 3 night post-cruise stay in Prague. Cruise fare INCLUDES wines w/ dinner and most shore excursions! **From \$2299** cruise only. Speaker: Robert Wooldridge, OD.

**Mexican Riviera**, 9/24-10/3/09, *Silversea Silver Shadow*®. Los Angeles, Ensenada, Mazatlan, Puerto Vallarta, Cabo San Lucas, San Diego, Los Angeles. **All suites, all inclusive fares include gratuities and all wines & spirits. From \$3297.**

**Canada/New England**, 10/3-10/10/09, *Caribbean Princess*®. New York City, Halifax, St. John, Bar Harbor, Boston, Newport, New York City. **From \$1045**

**Western Caribbean**, 2/13-2/20/10, *Crown Princess*®. Ft. Lauderdale, Grand Cayman, Roatan, Cozumel, Princess Cays, Ft. Lauderdale. **~President's Day~ From \$919.**

**Panama Canal Adventurer**, 2/18-2/28/10, *Island Princess*®. Ft. Lauderdale, Ocho Rios, Panama Canal, Panama City, Puteranas, San Juan del Sur, Puerto Quetzal, Huatulco, Acapulco. **From \$1619.**

**Southern Caribbean Explorer**, 2/28-3/7/10, *Caribbean Princess*®. San Juan, Aruba, Bonaire, Dominica, St. Thomas, San Juan. **From \$769.**

*Early booking discounts or regional promotions may apply. Call for lowest current price.*

*Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes, fuel supplement are additional.*

**Visit cruise line websites for terms, conditions, and definitions which will apply to all bookings.**

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[WWW.MWCO.ORG](http://WWW.MWCO.ORG)

## MWCO Mountain West Council of Optometrists

Annual Congress  
April 23-25



This year's  
speakers include:

Larry Alexander, OD Mark Bloomenstein, OD  
Murray Fingeret, OD Paul Karpecki, OD Christine Sindt, OD  
and many others!

American Optometric Association

# NEWS

Online

[www.aoanews.org](http://www.aoanews.org)

## SouthEast Eye Specialists

## Optometric Residency Position Available

SouthEast Eye Specialists, an optometric referral center in Chattanooga, Tennessee, is accepting applications for an Optometric Resident in Ocular Disease for the 2009-2010 academic year. The 13-month residency will have a strong emphasis in ocular disease and surgery. The resident will work closely with seven faculty physicians which includes optometrists and ophthalmologists with subspecialties in cornea, refractive, glaucoma, pediatrics, and oculoplastics.

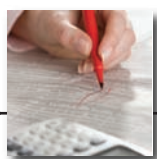
Requirements for the optometric resident position are Doctor of Optometry degree from an ACOE accredited school or college of optometry, successful completion of the basic and clinical science parts of the National Board of Examiners of Optometry, and a state of Tennessee Optometry License. Resident will work approximately 40 hours per week Monday - Friday. Salary for this non-accredited residency is \$41,000 plus benefits.

Interested applicants should submit a letter of interest by March 1st to:

Daryl F. Mann, O.D.  
SouthEast Eye Specialists  
7268 Jarnigan Rd., Suite 200  
Chattanooga, TN 37421

Deadline for completed applications is March 31st.  
For further information contact Judy Hooton at  
423-508-7337 ext. 204 or email her  
at [jhooton@southeasteye.com](mailto:jhooton@southeasteye.com)





## CLASSIFIEDS

### Professional Opportunities

**CENTRAL PENNSYLVANIA.** Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

**Grand Junction, CO**—Exceptional opportunity on Colorado's Western Slope. Large Practice seeking a FT associate Doctor. Excellent salary and benefits package. Contact: 303-725-1988. Tsowash@yahoo.com

**Littleton, Colorado**  
\$300K annual gross sales with part-time doctor, this long standing and well-established practice with significant medical cases, is located in a pleasant residential area. It is visible and located on a busy street. There is significant potential for growth. If interested, contact Dan Zebarth at (303) 468-0432.

**PRIVATE PRACTICES FOR SALE/SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES** in Ohio, New York and Florida. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

**Southern VA** — High net practice needs associate/partner. Email vita with cover letter to seniorod@comcast.net

• **Specialty Practice** • No optical. No managed care. • Specializing in orthokeratology, developmental vision, orthoptics and medical optometry. • Appraised value \$217,600.00. Call Practice Broker Richard S. Kattouf, O.D., D.O.S. 800-745-3937 or 330-219-5094

**Virginia, Roanoke Metro Area**  
Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071

### Miscellaneous

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### VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website ([www.vosh.org](http://www.vosh.org)) and click on Technology Transfer Program. Information about IMEC is available at [www.imecamerica.com](http://www.imecamerica.com).

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:

VOSH INTERNATIONAL  
C/O IMEC  
1600 Osgood Street  
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [jaforrey@comcast.net](mailto:jaforrey@comcast.net) and [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

### Equipment for Sale

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### Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches = \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at [k.spurlock@elsevier.com](mailto:k.spurlock@elsevier.com) attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.



# The American Optometric Association Order Department

Office Hours: Monday - Friday, 8AM-4PM (Central Standard Time)



## Fact Sheets

Easy to understand text and interesting facts with well drawn illustrations.



## Pamphlets

We offer a large selection of pamphlets to aid patients in understanding their eye care needs.

## Answer to Your Questions Series

These easy to read pamphlets help answer patients eye care questions.

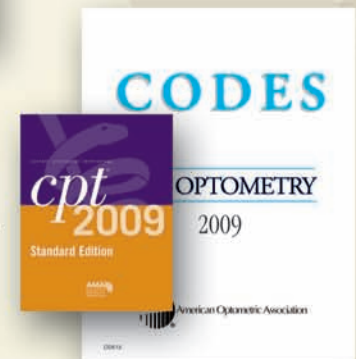
## Educational Material

NEW interactive CD with teachers guide included. Also, several pamphlets written for children's specific vision care.



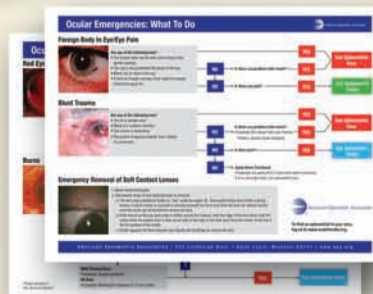
## Code Books

A list of codes to aid in submitting Medicare and third party insurance claims.



## HIPAA Forms

Notice of Privacy Practices and Patient Authorization forms available in English and Spanish.



## Public Awareness Ocular Emergency Card

A flow chart of responses for typical emergencies that can occur in school or sports settings.

## Letterhead

Choose from five different styles to be imprinted with your personal information.



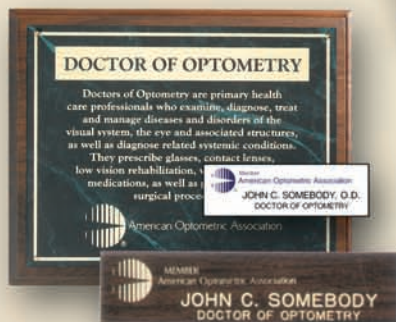
## Charts and Models

Great for office displays and one-to-one patient education.



## Wise Eyes Material

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**Dr. Jennifer Planitz**  
**Optometrist**  
**Explorer**  
**Luxottica Partner**

**Jennifer Planitz** loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal, Dr. Planitz and her husband run one of New Mexico's busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

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